THE STATE OF TEXAS
APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank**. Be sure to sign when completed. The State of Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must have an original signature. Resumes will not be accepted in lieu of applications.** Unless specifically stated in the job vacancy notice, resumes are not accepted at most state agencies. This application becomes public record and is subject to disclosure.

NAME (Last) (First) (Middle)	Social Security No.
MAILING ADDRESS (Current) (Street) (City) (State) (Zip)	AC (Daytime Phone)

List any other names used if different from name given on this application.

LIST EXACT TITLE OF POSITION OR TYPE OF WORK FOR WHICH YOU WISH TO APPLY:	JOB POSTING NO. (if applicable)
LIST THE STATE AGENCY WITH WHICH YOU WISH TO APPLY:	

Full-Time ☐   Part-Time ☐   Summer ☐   Temp/Project ☐   Date available for work _____

Are you willing to work hours other than 8-5?   Yes ☐   No ☐   Are you willing to work days other than Monday-Friday?   Yes ☐   No ☐

Are you willing to Travel?   Yes ☐   No ☐   If yes, what percent of time? _____

Driver's License (if required for position) _____   Class A ☐   Class B ☐   Class C ☐   Class M ☐

Class A Commercial ☐   Class B Commercial ☐

Are you at least 17 years of age?   Yes ☐   No ☐   Class C Commercial ☐   Class M Commercial ☐

Geographic preference. (Be specific to city/area. If no preference, write "statewide.") _____

Have you ever been convicted of a felony?   Yes ☐   No ☐   If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the cases. A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors and deferred adjudication.

EDUCATION (NOTE: Applicants may be required to provide of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12   Did you graduate/achieve GED?   Yes ☐   No ☐

Type of School	Name and Location of School	Dates Attended From Mo. Yr.	To Mo. Yr.	Sem/clock Hours Completed	Graduated Yes	No	Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
Undergraduate Colleges or Universities									
Graduate Schools									
Technical, Vocational, or Business Schools									

Date Received _____   Time Received _____   Received by _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date Issued	Issued by (State or other authority)	License No.	Location of Issuing Authority (city & State)

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc.

Approximate Words Per Minutes in Typing   (if required for this position)

Sign Language (if required for this position)   Yes ☐   No ☐   Are you a certified interpreter?   Yes ☐   No ☐

Do you speak a language other than English? (If required for this position)   Yes ☐   No ☐

If yes, what language(s) do you speak?   How fluently?   Fair ☐   Good ☐   Excellent ☐

Have you ever been employed by the State of Texas?   Yes ☐   No ☐

If you have been previously employed by the State of Texas, list the agency/agencies: _____

Have you ever retired from Texas State Government?   Yes ☐   No ☐

Do you have any relatives working for this agency?   Yes ☐   No ☐   List the names, relationship, city where employed.

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be require.)

Dates of Service (From/To) _____

Are you a surviving spouse or orphan of a veteran?   Yes ☐   No ☐

If yes, complete dates of service for veteran.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1.   I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

2.   I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

3.   I understand that some state agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.

4.   I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED: _____   _____

                                            Signature – Applicant

     Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1.   Include ALL employment. Begin with your current or last position and work back to your first.

2.   Employment history should include **each position** held, even those with the same employer.

3.   Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.

4.   For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as the application form.

Name

Last Name	First Name	Middle Name	Social Security No.

Position Title							Immediate Supervisor	Full-Time	
Employer:								Part-Time	
Mailing Address:							Name	Summer	
City and State/Zip:							Title	Temp/Project	
Employer's Telephone No. AC							Supervisor's Telephone No.	Give average number	
Starting Date			Leaving Date			Current/	Technical	AC **Supervisor Telephone**	of hours worked per-
Mo	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial	If supervisory, number of employees	week if part-time
							Supervisory/Managerial	you supervised	

Summary of experience:

Specific reason for leaving:

Position Title							Immediate Supervisor	Full-Time	
Employer:								Part-Time	
Mailing Address:							Name	Summer	
City and State/Zip:							Title	Temp/Project	
Employer's Telephone No. AC							Supervisor's Telephone No.	Give average number	
Starting Date			Leaving Date			Current/	Technical	AC	of hours worked per-
Mo	Day	Yr	Mo	Day	Yr	Final Salary	Non-managerial	If supervisory, number of employees	week if part-time
							Supervisory/Managerial	you supervised	

Summary of experience:

Specific reason for leaving:

Block 1

Position Title									Immediate Supervisor		Full-Time	
Employer:											Part-Time	
Mailing Address:									Name		Summer	
City and State/Zip:									Title		Temp/Project	
Employer's Telephone No. AC									Supervisor's Telephone No.		Give average number of hours worked per-week if part-time	
Starting Date			Leaving Date			Curre	Technical		AC			
Mo	Day	Yr	Mo	Day	Yr	Final	Non-managerial		If supervisory, number of employees you supervised			
							Supervisory/Managerial					

Summary of experience:

Specific reason for leaving: reason for leaving

Block 2

Position Title									Immediate Supervisor		Full-Time	
Employer:											Part-Time	
Mailing Address:									Name		Summer	
City and State/Zip:									Title		Temp/Project	
Employer's Telephone No. AC									Supervisor's Telephone No.		Give average number of hours worked per-week if part-time	
Starting Date			Leaving Date			Curre	Technical		AC			
Mo	Day	Yr	Mo	Day	Yr	Final	Non-managerial		If supervisory, number of employees you supervised			
							Supervisory/Managerial					

Summary of experience:

Specific reason for leaving:

Block 3

Position Title									Immediate Supervisor		Full-Time	
Employer:											Part-Time	
Mailing Address:									Name		Summer	
City and State/Zip:									Title		Temp/Project	
Employer's Telephone No. AC									Supervisor's Telephone No.		Give average number of hours worked per-week if part-time	
Starting Date			Leaving Date			Curre	Technical		AC			
Mo	Day	Yr	Mo	Day	Yr	Final	Non-managerial		If supervisory, number of employees you supervised			
							Supervisory/Managerial					

Summary of experience:

Specific reason for leaving: